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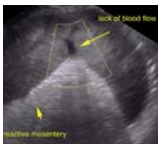
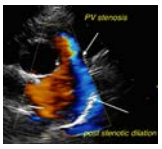
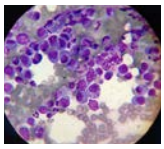
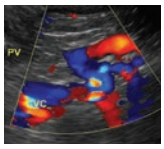

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PATIENT
Sartori Eggers

SPECIES
Canine

BREED
Puggle

SEX
Spayed Female

AGE
12 Years 10 Months

WEIGHT

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
33811

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12/29/21

PRESENTING CLINICAL SIGNS

Had a splenic mass removed in Sept 2021, also liver BX. Now quiet and anemic with a very high WBC count. Slowing down , lethargic.
Abnormal PE/Chem/CBC/UA Results: CBC HCT 17.5 (N 37-61), WBC 137 (N 5-16) High neuts, Bands, lympho, Mono, and Bands Chem: ALT 227 (N 10-125), ALKP 1990 (23-212) Histo results at time Splenectomy Sept , 2021 Site 1, liver a. Hepatitis, chronic, multifocal, mild b. Hepatitis, acute, neutrophilic, focal c. Lipofuscin accumulation, multifocal, moderate Site 2, spleen a. Pleomorphic sarcoma, (Stromal, Cannot R/O Histiocytic) b. Mitotic count= 19 in 10 hpf. c. Marginal zone hyperplasia, diffuse d. Extramedullary hematopoiesis, diffuse, moderate Immunohistochem Run on the Spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (5.58 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.13 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.89 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen was surgically removed on 9/2021.

Liver

The liver is greatly enlarged in size. It is irregular and severely heterogeneous. The visible portions of the vasculature and biliary tract appear normal. The liver is massively irregular and nodular with approximately 90% of the liver occupied by large hypoechoic masses varying in size from 1-9 cm with very large irregular mass effects and smaller nodules throughout the hepatic parenchyma. These masses bulge beyond the margins of the liver and displace adjacent structures.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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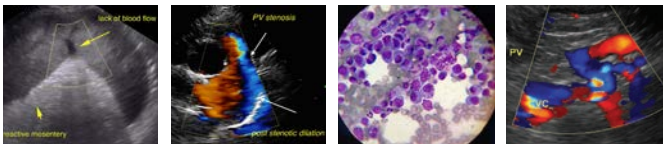

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Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no significant free fluid. There is a severe abdominal lymphadenopathy with a cranial mesenteric lymph node measuring 1.65 cm x 2.22 cm, and a very large mass effect in the area of the iliac trifurcation, measuring 2.5 cm x 4.85 cm. The omentum is diffusely increased in echogenicity.

PRIMARY FINDINGS

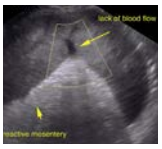
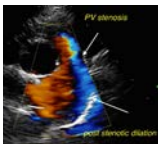
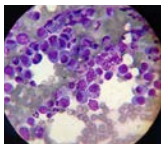
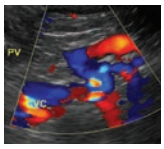
- Severely enlarged liver with diffuse, variably sized, hypoechoic masses that bulge from the margins and displace adjacent structure – most consistent with metastatic neoplasia.
- Severe generalized lymphadenopathy, particularly in the sublumbar area – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation. Findings are most consistent with metastatic neoplasia.
- Spleen surgically removed 9/2021.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a tremendous tumor burden within this dog's abdomen. The liver is approximately 90% taken over by large masses. Additionally, there is a severe lymphadenopathy present. These findings strongly point to diffuse metastatic neoplasia, likely from the previous splenic neoplasm. Recommend 3-view

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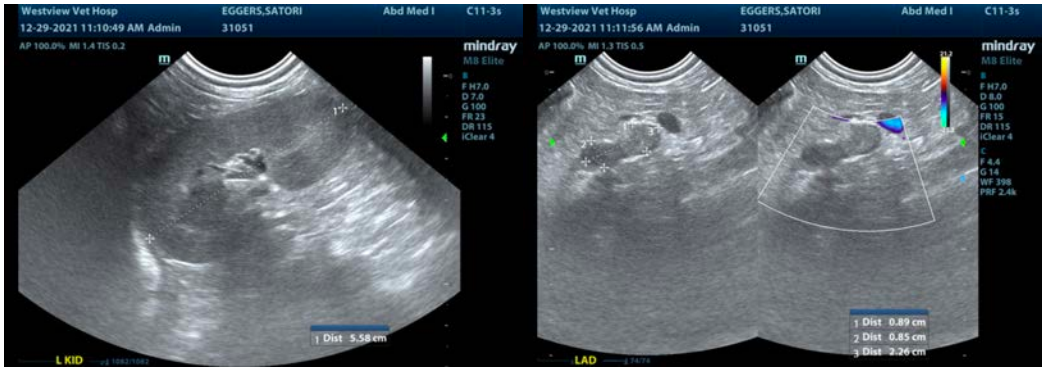
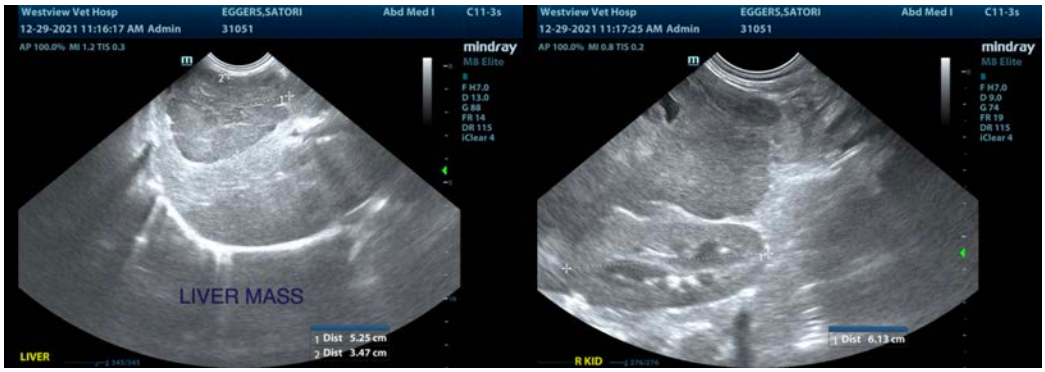
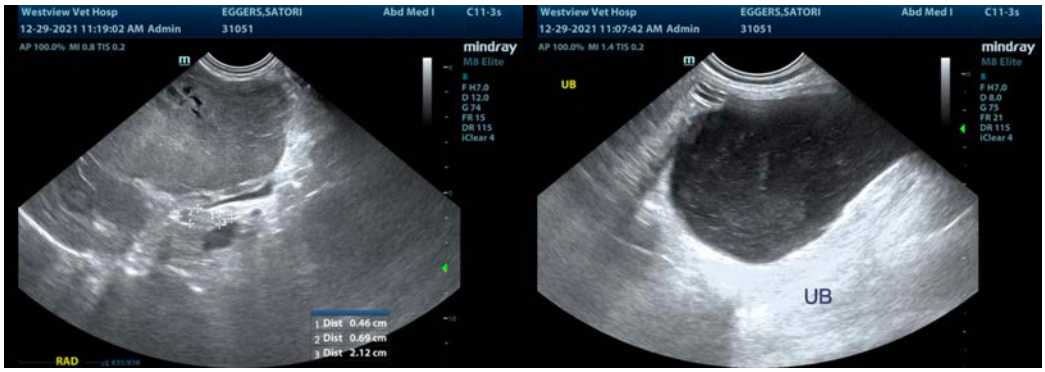
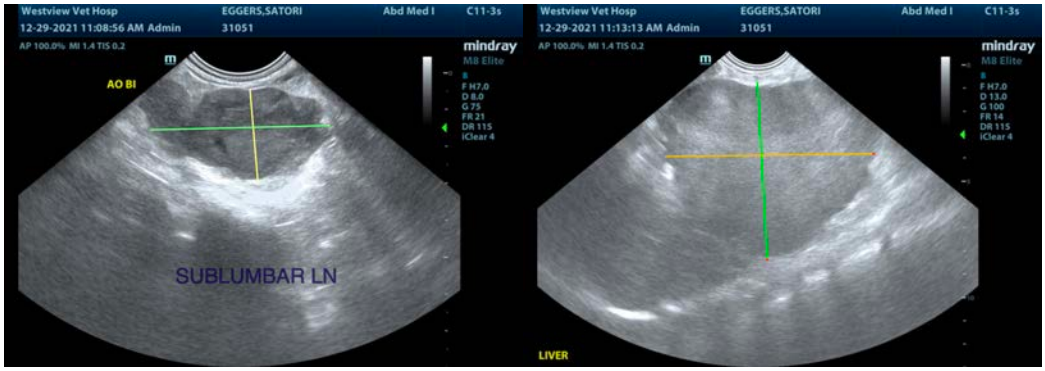
thoracic radiographs. A fine needle aspirate would be possible to confirm atypical cells, and consultation is recommended with a veterinary oncologist regarding chemotherapeutic options.









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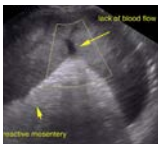
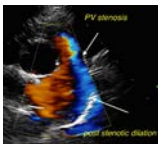
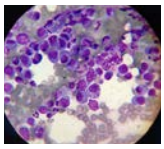
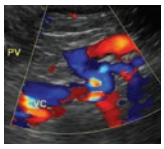

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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